

Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	09/04/2018

## Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
O'Boyle	Anthony	J	Deputy Director of Communications	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature: <i>Anthony J O'Boyle</i>			Date: <i>October 1, 2018</i>	
Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)				
Signature: <i>Wade Bennett</i>			Date: <i>10/2/18</i>	
Other Review Conducted By:				
Signature:			Date:	
U.S. Office of Government Ethics Certification (if required):				
Signature:			Date:	
Comments of Reviewing Officials:				

## Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

**Part 1: Filer's Positions Held Outside United States Government**

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	The Santonio Group LLC	Rutherford, NJ	Family food and beverage marketing business	Director of Communications and Public Relations	06/2009	08/2018
2.	Montclair State University	Montclair, NJ	University	Adjunct Professor of Business	01/2017	08/2018
3.	Cestone & Thompson, PC	Roseland, NJ	Law Firm	Associate Attorney	03/2013	03/2017
4.	Court Appearance Professionals	Santa Fe Springs, CA	Litigation Support Organization	Contract Attorney	12/2017	08/2018
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 2: Filer's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	Montclair State University			Salary	\$17,500
2.	Cestone & Thompson, PC			Salary	\$512
3.	Court Appearance Professionals			Salary	\$5,875
4.	The Santonio Group LLC; Option to acquire pre-arranged amount of equity interest (value not readily ascertainable).				
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 3: Filer's Employment Agreements and Arrangements				
#	Employer or Party	City/State	Status and Terms	Date
1.	The Santonio Group LLC	Rutherford, NJ	Option to acquire a pre-determined annual amount of equity interest in company at my discretion.	06/2012
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

## Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

**Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year**

#	Source Name	City/State	Brief Description of Duties
1.	Montclair State University	Montclair, NJ	Adjunct Professor of Business
2.	Cestone & Thompson, PC	Roseland, NJ	Associate Attorney
3.	Cousin	Short Hills, NJ	Paid Cestone & Thompson, PC for estate and guardianship work that I provided.
4.	Court Appearance Professionals	Santa Fe Springs, CA	Contract Attorney
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

**Part 5: Spouse's Employment Assets and Income**

#	Description	EIF	Value	Income Type	Income Amount
1.	None				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

## Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number
<b>Part 6: Other Assets and Income</b>					
#	Description	EIF	Value	Income Type	Income Amount
1.	Personal Roth IRA:				
2.	Fidelity Freedom Income Fund (FFFAX)	Y	\$1,001 - \$15,000	Dividends	\$201 - \$1,000
3.	Fidelity Total Bond Fund (FTBFX)	Y	\$1,001 - \$15,000	Dividends	\$201 - \$1,000
4.	Fidelity 500 Index Fund Premium Class (FUSVX)	Y	\$50,001 - \$100,000	Dividends	\$201 - \$1,000
5.	Personal Brokerage Account:				
6.	Kearny Financial Corp, Common Stock	N	\$15,001 - \$50,000	Dividends	\$201 - \$1,000
7.	Walgreens Boots Alliance, Common Stock	N	\$1,001 - \$15,000	Dividends	\$201 - \$1,000
8.	U.S. Bank #1 (Checking & Savings)	N	\$1,001 - \$15,000	Interest	None (or less than \$201)
9.	U.S. Bank #2 (Savings)	N	\$1,001 - \$15,000	Interest	None (or less than \$201)
10.	Commercial & Residential Rental Property, Jersey City, NJ (Jointly owned with family member)	N	\$250,001 - \$500,000	Rental Income	\$15,001 - \$50,000
11.	State Farm Whole Life Insurance Policy	N	\$50,001 - \$100,000		
12.	State Farm Term Life Insurance Policy	N	\$100,001 - \$250,000		
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
<b>Part 7: Transactions</b>				
#	Description	Type	Date	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 8: Liabilities

#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	None					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

**Part 9: Gifts and Travel Reimbursements**

#	Source Name	City/State	Brief Description	Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				